

# Affidavit for Assignment

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
(Last 4 of Applicant's Social Security Number)

\_\_\_\_\_  
(Applicant's Contact Number)

\_\_\_\_\_  
(Position Applied For)

Based on the information we have obtained on the above named individual, we are making the decision below regarding their assignment to our district.

\_\_\_\_\_ Yes, we are accepting this applicant on assignment at our district.

\_\_\_\_\_ No, we are not accepting this applicant on assignment at our district.

I state I am authorized to make this decision for our district and have based my decision on current district policies/guidelines and current Michigan Law. I understand that I am responsible to notify (insert your organization) in writing if this decision is overturned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title